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Fill in this inform	ation to identify your c	case:							
Debtor 1	Linda Moor								
Debtor 2 (Spouse, if filing)									
United States Ba	ankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	A.					
Case number (If known)	15-19006		-			Check if this is:			
06: 15	4001					☐ A supplem	ent showing post as of the followin		apter
Official Fo				MM / DD/ YYYY					
	<u> </u>	OME sible. If two married peo				٠			12/15
spouse. If you a attach a separat	re separated and yoເ	are married and not filing wind spouse is not filing wind on the top of any additi	ith vou, do not inclu	de infor	mation	about your sp	ouse. If more sn	ace is nee	haha
1. Fill in your information	employment n.		Debtor 1			Debtor	2 or non-filing s	pouse	
	ou have more than one job, ach a separate page with ormation about additional	Employment status	■ Employed	■ Employed					
information			☐ Not employed			☐ Not employed			
employers.		Occupation	Administrator						
self-employ	t-time, seasonal, or ed work.	Employer's name	County of Delaware  20 South 69th Street Upper Darby, PA 19082					•	
	may include student ker, if it applies.	Employer's address				·			
•		How long employed ti	here? 9 years						
Part 2: Giv	ve Details About Mor	nthly Income							_
stimate monthi	y income as of the d	ate you file this form. If y	you have nothing to re	port for	any line	, write \$0 in the	space. Include y	our non-fili	ng
you or your non- nore space, attac	-filing spouse have mo th a separate sheet to	ore than one employer, co	ombine the information	for all	employe	rs for that perso	on on the lines be	low. If you	need
					33333	or Debtor 1	For Debtor 2 non-filling spo		
List monthl deductions).	ly gross wages, salar . If not paid monthly, o	ry, and commissions (be calculate what the monthly	efore all payroll y wage would be.	2.	\$	4,878.37	\$	N/A	
Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$	N/A	
l. Calculate g	ross Income. Add lin	ne 2 + line 3.		4.	\$	4,878.37	\$N	I/A	

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Deb	otor 1	Linda Moore-Singleton	_	Case number (if known)	15-19006		
	Cop	by line 4 here	4.	For Debtor 1 \$ 4,878.37	For Debto non-filing		
5.	List	all payroll deductions:					
	5a. 5b. 5c. 5d. 5e. 5f.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations	5a. 5b. 5c. 5d. 5e. 5f.	\$ 1,135.43 \$ 341.49 \$ 0.00 \$ 0.00 \$ 0.00 \$ 598.16	\$ \$ \$ \$ \$	N/A N/A N/A N/A N/A	- - -
	5g. 5h.	Union dues Other deductions. Specify: Life Insurance	5g.	\$ 0.00	\$	N/A	_
c			5h.+	11.10	+ \$	N/A	-
6. -		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 2,076.51	\$	N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,801.86	\$	N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	9.0				
	8b.	Interest and dividends	8a. 8b.	\$	\$ \$	N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$ 0.00	\$	N/A	-
	8d.	Unemployment compensation	8d.	\$ 0.00	\$	N/A	
	8e.	Social Security	8e.	\$0.00	\$	N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.	\$ 0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$ 0.00	\$	N/A	•
	8h.	Additional Employment Income Other monthly income. Specify: (net)	8h.+	\$160.80_	+ \$	N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 160.80	\$	N/A	
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2,962.66 + \$_	N/A	= \$	2,962.66
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not sify:	depend	•	ed in <i>Schedul</i> e	e <i>J</i> . +\$	0.00
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines	ult is th in Liabil	e combined monthly in ities and Related Data,	come. if it 12.	\$	2,962.66
						Combin	
13.	Do y ■ □	ou expect an increase or decrease within the year after you file this form No.  Yes. Explain:	?			monthly	/ income
		•					